

MOTHER WHO KILLS HER CHILDREN: A CASE REPORT

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ABSTRACT

Puerperal psychosis is not uncommon in women passing through postnatal period, while neglect and harm to the baby is an important complication of this psychiatric disorder. We report a case, in which a mother in her postnatal period killed two children consecutively. The psychopathology, cultural beliefs and the legal aspects of this serious psychiatric problem are discussed.

Key words: Postpartum Psychosis, Postpartum depression, Infanticide.

INTRODUCTION

Puerperal psychosis are more frequent in primiparous women, usually within the first 1-2 weeks after delivery. Puerperal illnesses are very common in developing countries and mostly with an organic aetiology.

Here we present a rare but tragic complication of post partum psychosis i.e. infanticide. "Since 1858, when Marce wrote a treatise on puerperal psychosis, the problems that some women experience in the postpartum period have been the subject of much confusion"¹. Especially with respect to postpartum psychosis and the very important and tragic consequences of neglect and harm to the baby, there is dearth of data².

CASE HISTORY

A 27 year old woman presented to the psychiatry department of our hospital after having seen multiple 'faith healers'/'Religious healers' and a few local general practitioners.

According to the family and the husband who accompanied the lady, the history dated back 5 years ago when they had their first born child. The delivery was normal and there were no associated complications.

Soon after the delivery, the family noted a change in her behavior but this was ignored and taken to be the usual postpartum blues. However, when the husband returned home he found the newborn killed by a knife with the lady sitting beside the child. She was beaten up, abused and labeled as cursed. Since then she was taken to multiple faith healers and it was stated the particular

'devil' responsible is now gone. The couple was practicing contraception but seeing that the lady was now normal, they had another child. Similarly but tragically, the second child also succumbed to similar circumstances. The first born was a female but the second born was a male child. There was no previous history of any psychiatric disorder in the lady.

The patient was admitted in the psychiatry ward and received electroconvulsive therapy and was put on several medications as well. She was doing well till discharge and the later follow-up visit, but the tragic episodes still scar her and her family's minds.

DISCUSSION

In a prospective study done on 50 patients admitted during the postpartum period for severe mental illness, "nearly half (43%) of the mothers reported infanticidal ideas, 36% reported infanticidal behavior, and 34% reported both infanticidal ideas and behavior"³.

Several risk factors have also been identified². In the Indian study, 'having a female infant', 'psychotic ideas towards the infant', and 'adverse mental reaction towards the separation from the infant' were significantly associated with infanticidal behavior⁴.

There is need to integrate postpartum psychiatric care, especially at the primary care level, so that a large number of people can be screened for these disorders in the postpartum period, so as to avoid the tragic complications later. Mental health services for postpartum period and for the public in general need to be improved. The liaison between obstetricians and gynecologists and psychiatrists will also have to be strengthened to correctly identify and prevent the complications of postpartum disorders. Training of Lady Health Visitors (LHVs) in the country in identifying danger signs and symptoms may be an option worth considering.

Along with this, there are three other issues that need attention and need to be reiterated. Firstly, are there specific laws and do our legislations recognize this in-

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fanticide as a complication of postpartum psychosis? And secondly, do we need to regulate these faith-healers or even integrate them into psychiatric care, because as seen mostly, religious healers are often the first level of contact for psychiatric disorders in the country?⁴ And finally, can we help reduce the disparity against our women? As said very nicely by Spinelli, “we as a world society can do a far better job of protecting motherhood.”⁵

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